2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L03000024685

1. Entity Name
ALDERWOOD INVESTMENTS, LLC

Principal Place of Business	Mailing Address
PO BOX 25531 TAMPA, FL 33622	PO BOX 25531 TAMPA, FL 33622

01042008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0624252
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYTS, ANDREW J JR. ESQ
106 SOUTH TAMPANIA AVENUE, SUITE 200
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000830774
04/22/08-80107-023 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KRAUSE, THOMAS S
STREET ADDRESS	1300 N WESTSHORE BLVD STE 250
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	PROUCHER, RAYMOND A
STREET ADDRESS	1300 N WESTSHORE BLVD STE 250
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas S. Krause 4/8/08 813 637-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Thomas S. Krause Mgr. — Date — Daytime Phone #